Virginia Tech
Graduate School

REQUEST FOR REDUCED TUITION RATE FOR GRADES K-12

This policy is a revision of one first approved in 1984 for teachers enrolled in courses for re-certification. The policy now includes teachers, counselors, administrators, and supervisors who teach Kindergarten through grade 12 in public or private schools in the Commonwealth of Virginia. Courses may be taken for re-certification or in pursuit of a degree. The following eligibility guidelines apply:

1. Kindergarten through grade 12 public and private school teachers, counselors, administrators, supervisors, librarians, coaches, and other support staff are eligible.
2. Eligible personnel must be full-time contractual employees of a public school division or private school within the Commonwealth of Virginia.
3. Individuals on official leave from their assignments are eligible for reduced tuition.
4. There is no restriction on the number of hours that can be taken.
5. Courses for which educators request reduced tuition must be for professional development, not for planned career changes outside of education.

Please return this form in a timely fashion. Failure to do so will result in your being billed for the regular applicable tuition charges.

APPLICANT TO COMPLETE

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Student ID Number: _____ if known

Date of Birth: _____ month/day/year

E-mail Address: _____ *@vt.edu* account, preferred

Daytime Phone: _____ ☐ Home ☐ Office ☐ Mobile

Local Address

_____

_____

_____

_____ city state zip country

Citizenship
☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-RESIDENT ALIEN*
**If non-resident alien, please list your visa status:* _____

Current Program
_____

First Term of Enrollment
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Degree Level
☐ DOCTORAL
☐ EDUCATION SPECIALIST
☐ MASTERS
☐ GRADUATE CERTIFICATE
☐ NON-DEGREE
☐ COMMONWEALTH CAMPUS

Campus
☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

Semester of Enrollment ☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Course(s): _____

_____

The Honor System
I certify that all information given on this application is true and correct. I will abide by all rules and regulations of the University. I will accept the responsibility of the Honor Code of the University. I pledge I will not lie or cheat. I understand that violation of the Honor Code may result in severe penalties including dismissal from the University.

_____ APPLICANT SIGNATURE date

PRINCIPAL TO COMPLETE

I hereby certify that the above named is (employed / on official leave) in the State of Virginia as (select one):

☐ **Teacher** ☐ **Counselor** ☐ **Administrator** ☐ **Supervisor** ☐ **Other:** _____

School system currently employed by: _____ please do not abbreviate

Telephone: _____ **E-mail Address:** _____

_____ PRINTED NAME OF PRINCIPAL OR CAO

_____ SIGNATURE OF PRINCIPAL OR CAO date

Return your completed form to:
Graduate School
Graduate Life Center
at Donaldson Brown
Virginia Tech (0325)
Blacksburg, VA 24061
Fax: 540/231-2039

_____ **GRADUATE SCHOOL SIGNATURE** date

Questions? Call 540/231-8636 or e-mail *gradappl@vt.edu* for assistance.